

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	14.6	*****	21.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	167	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.42	.99	MGD	*****	*****	*****	*****	1	Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.4	*****	.7	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	12/23/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.7	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	17.9	*****	43.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	115	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.351	.457	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.75	*****	1	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	3/03/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	23.3	*****	46.2	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	231	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.331	.478	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.1	*****	.32	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	4/10/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.4	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	33.2	*****	33.2	mg/L	1	Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.085	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.316	.464	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.02	*****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	07/11/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TSS Composite was tested during the first week of May. There was no discharge the remainder of the month.

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ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	14.6	*****	24.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.155	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.325	.438	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.04	*****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	07/11/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THIS IS THE APRIL 2017 TSS REPORT. I MIXED BOTH THE APRIL AND MAY REPORTS. APRIL RESULTS WAS POSTED IN THE MAY MONITORING PERIOD AND MAY RESULTS WERE POSTED IN THE APRIL MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.9	*****	6.8	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	6.1	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.008	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.45	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	7/11/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	26.5	*****	46.4	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	259	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.271	.445	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.03	*****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	/9/08/201
TYPED OR PRINTED				AREA Code	NUMBER

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MAG640055	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	24.3	*****	35	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.364	.482	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.03	*****	.05	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	/9/08/201
TYPED OR PRINTED				AREA Code	NUMBER

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MAG640055	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	11.5	*****	22.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.333	.472	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.02	*****	.04	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	0/12/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	13.2	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	122	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.315	.532	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.05	*****	.15	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/11/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.314	.489	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.14	*****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/11/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.5	*****	7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.338	.673	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.08	*****	.22	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/11/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	12/01/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	3/01/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE
Eliana Morales/ Laboratory Director				(978)674-1678		4/17/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	05/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.5	*****	3.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	62	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.228	.407	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.02	*****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	6/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16.7	*****	27.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	93	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.225	.785	MGD	*****	*****	*****	*****	1	Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.013	*****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	7/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	15.1	*****	19.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	94	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.231	.423	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.007	*****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	8/07/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16.7	*****	22.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.282	.409	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.02	*****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	/9/07/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	23.2	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	345	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.406	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.02	*****	.05	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	0/05/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	9.5	*****	15.4	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.258	.409	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.003	*****	.01	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/16/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	11	*****	16.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	166	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.228	.479	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.02	*****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/16/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	21.4	*****	43.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	293	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.238	.455	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.07	*****	.25	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/16/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	8.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.234	.409	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.01	*****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	12/07/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.7	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	8.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.226	.545	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.01	*****	.03	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	3/08/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.62	*****	6.74	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	12.8	*****	24.6	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.224	.333	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.08	*****	.24	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	04/09/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	9.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.27	.815	MGD	*****	*****	*****	*****	1	Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.05	*****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	05/10/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.59	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	23.8	*****	33.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.1	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.222	.536	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.01	*****	.03	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	07/10/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	26	*****	30.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	125	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.176	.303	MGD	*****	*****	*****	*****		Weekly	Totalizer
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.7 DAILY MX	MGD	*****	*****	*****	*****		Weekly	Totalizer
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.15	*****	.29	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	7/10/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	24	*****	29.6	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	89	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.139	.216	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.14	*****	.18	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	8/07/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	14.6	*****	15.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	47	*****	47	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.082	.163	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.05	*****	.17	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	/9/11/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.18	*****	6.74	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	11.2	*****	16.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	370	*****	537	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.161	.996	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.03	*****	.08	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	0/10/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		1/01/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	1/01/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		1/01/2019
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		1/01/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales	TELEPHONE		DATE
Eliana Morales/ Laboratory Director			(978)674-1678		1/01/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	6.2	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	23.8	*****	35.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	963.2	*****	1618	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.225	.405	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.03	*****	.05	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	1/08/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.03	*****	6.3	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	18.7	*****	27.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	572	*****	846	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.233	.366	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.01	*****	.02	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	2/06/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	6.3	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	15.9	*****	32.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	1366	*****	2161	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.155	.487	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.04	*****	.06	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.54	*****	7.54	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.8	mg/L		Annual	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Annual	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.9	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	156	mg/L		Annual	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.064	mg/L		Annual	Grab
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.19	mg/L		Annual	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		11/16/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.9	mg/L		Annual	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0067	mg/L		Annual	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.011	mg/L		Annual	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	658	umho/sec		Annual	Grab
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/16/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.32	*****	5.32	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	504	mg/L		Annual	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	mg/L		Annual	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.9	mg/L		Annual	Composite
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	216	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1	mg/L		Annual	Composite
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		11/16/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28	mg/L		Annual	Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.5	mg/L		Annual	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.00083	mg/L		Annual	Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.006	mg/L		Annual	Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.019	mg/L		Annual	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	736	umho/sec		Annual	Composite
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		11/16/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	912	mg/L		Annual	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	19	*****	*****	%		Annual	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	6.33	*****	*****	%		Annual	Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales	TELEPHONE	DATE
Eliana Morales/ Laboratory Director			(978)674-1678	11/16/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.36	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.08	*****	12.1	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	121.5	*****	147	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.237	.304	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.03	*****	.1	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	12/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see the monthly recycled water report sheet; flow should be zero from recycling*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.2	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.5	*****	6.1	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	45.3	*****	80	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.245	.321	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.08	*****	.13	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	3/11/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.9	*****	4.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	98.8	*****	187	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.295	.375	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.11	*****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	4/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.42	*****	6.42	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47.1	mg/L		Annual	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.4	mg/L		Annual	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.5	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	148	mg/L		Annual	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.042	mg/L		Annual	Grab
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.097	mg/L		Annual	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		14/02/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1	mg/L		Annual	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0045	mg/L		Annual	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	812	umho/sec		Annual	Grab
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	14/02/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.36	*****	6.36	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	44.4	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	432	mg/L		Annual	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	mg/L		Annual	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.6	mg/L		Annual	Composite
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	140	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.042	mg/L		Annual	Composite
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/4/02/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.096	mg/L		Annual	Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	mg/L		Annual	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.004	mg/L		Annual	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	768	umho/sec		Annual	Composite
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		14/02/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	514	mg/L		Annual	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	48.2	*****	*****	%		Annual	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	14.9	*****	*****	%		Annual	Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	14/02/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.4	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.8	*****	6.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	54.3	*****	78	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.274	.374	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.07	*****	.09	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	05/07/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	9.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	20.5	*****	60	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.321	.861	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.05	*****	.08	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	16/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.3	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	8.9	*****	15.2	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	43.8	*****	54	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.312	.861	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.11	*****	.17	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	7/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/5/07/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	05/07/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/5/07/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/5/07/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	05/07/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.13	*****	6.34	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	18.6	*****	30.7	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	27.3	*****	46	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.164	.295	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.16	*****	.25	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	8/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.19	*****	6.53	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	14.6	*****	15.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	40	*****	69	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.23	.288	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.13	*****	.16	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	/9/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	29.1	*****	41.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	31	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.243	.307	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.12	*****	.17	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	0/06/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/7/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	07/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/7/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/7/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	07/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.22	SU	2	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	22.6	*****	48.8	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	10.5	*****	22	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.317	.43	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.12	*****	.18	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	1/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.4	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	15.4	*****	25	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	210	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.325	.417	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.19	*****	.3	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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Eliana Morales/ Laboratory Director				(978)674-1678		2/09/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	9.73	*****	18	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	137.3	*****	395	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.384	.435	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.11	*****	.16	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/08/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		11/08/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/08/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		11/08/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		11/08/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	11/08/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.33	*****	6.61	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	6.9	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	52	*****	61	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.422	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.05	*****	.07	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.33	*****	6.83	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	5.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	9.5	*****	38	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.35	.513	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.07	*****	.08	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	03/08/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	15.3	*****	26.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	141.2	*****	453	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.334	.439	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.05	*****	.12	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	4/22/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	mg/L		Annual	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .5	mg/L		Annual	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	mg/L		Annual	Grab
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20	mg/L		Annual	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01	mg/L		Annual	Grab
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.013	mg/L		Annual	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		4/22/2021
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.068	mg/L		Annual	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	mg/L		Annual	Grab
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .005	mg/L		Annual	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01	mg/L		Annual	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	381	umho/sec		Annual	Grab
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	4/22/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.4	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	460	mg/L		Annual	Composite
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6	mg/L		Annual	Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.2	mg/L		Annual	Composite
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	150	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.076	mg/L		Annual	Composite
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/4/22/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.15	mg/L		Annual	Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	mg/L		Annual	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	mg/L		Annual	Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .005	mg/L		Annual	Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01	mg/L		Annual	Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .02	mg/L		Annual	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	637	umho/sec		Annual	Composite
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		14/22/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	360	mg/L		Annual	Composite
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	46.7	*****	*****	%		Annual	Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	6.25	*****	*****	%		Annual	Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	14/22/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	13.7	*****	15.5	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	22.5	*****	68	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.284	.354	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.19	*****	.35	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	05/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	11	*****	12.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	232.3	*****	513	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.325	.4	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.08	*****	.13	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	16/09/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
BACKWASH 001
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	22.9	*****	27.3	mg/L		Weekly	Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	50 DAILY MX	mg/L		Weekly	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	93.8	*****	115	ug/L		Monthly	Composite
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.116	.234	MGD	*****	*****	*****	*****		Daily	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1 DAILY MX	MGD	*****	*****	*****	*****		Daily	Estimate
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.1	*****	.14	mg/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE	DATE
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	7/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
ADDRESS: 375 MERRIMACK STREET
LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eliana Morales		TELEPHONE		DATE	
Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		4/22/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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LOWELL, MA 01854
FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854

MAG640055	001-DT
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
DILUENT WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

ATTN: Steven Duchesne

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Grab

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678	4/22/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI code "9" when sampling is not required.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CITY OF LOWELL - LOWELL REGIONAL WTF
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LOCATION: 815 PAWTUCKET BLVD
LOWELL, MA 01854
ATTN: Steven Duchesne

MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		4/22/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854
MINOR
(SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Specific Conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
51409 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/sec		Annual	Composite

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Eliana Morales/ Laboratory Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(978)674-1678		/4/22/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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FACILITY: LOWELL REGIONAL WATER UTILITY
LOCATION: 815 PAWTUCKET BLVD
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MAG640055	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 01854
MINOR (SUBR E)
WHOLE EFFLUENT TOXICITY TEST
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	%		Annual	Composite

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Eliana Morales/ Laboratory Director			(978)674-1678	14/22/2021	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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